

Mentoring Program Evaluation
2nd Quarterly Meeting
January 19, 2006

We are always looking for ways to improve the career development opportunities available to employees. As a participant in the Mentoring Program, your feedback is extremely valuable to us. Please take a few minutes to complete this evaluation. Your input is greatly appreciated! If you would like to share more information regarding your experience, please use the space provided on the back of this form or provide your name and contact information so that the Mentoring Program Manager can contact you. While you may remain anonymous if you so choose, we would appreciate knowing what OPDIV/Organization you are from, so please circle one:

ACF	AHRQ	AoA	CDC	CMS	FDA	HRSA	IHS	NIH	OS	PSC	SAMHSA
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I participated in the Mentoring Program as a ____ Mentor ____ Mentee.

My occupational series is _____. My grade level is _____.

My participation in the in the Mentoring Program has been productive.

____ **Agree**

____ **Somewhat Agree**

Please comment: _____

____ **Disagree**

Please comment: _____

Please respond to the following questions using the following number system:

1=Poor 2=Fair 3=Good 4=Excellent 5=Outstanding

1. How would you rate your individual OpDiv's effectiveness at preparing you for the Mentoring Program? (*Circle one*)

1 2 3 4 5

Please explain: _____

2. How would you rate the compatibility level between your mentor and you?

1 2 3 4 5

Please explain: _____

3. Have your mentor and you established goals for the year? ____**Yes** ____**No**

4. Do you have regular meetings with your mentor? ____**Yes** ____**No**

5. On average, how many hours do you meet with your mentor each month? (*Circle one*)

Less than one hour 1 hour 2 hours 3 or more

6. What level of support has your supervisor extended to you with regard to your participation in the Mentoring Program?

- 1 Unaware of program**
- 2 Aware but not fully accepting of participation**
- 3 Neutral**
- 4 Acknowledges and accepts participation**
- 5 Fully supportive and encouraging of participation**

7. If you are not receiving full support, what did you want or expect?

8. What barriers, if any, have you encountered so far in your involvement in the program?

9. What changes, if any, would you like to see made to the Mentoring Program?

Please return to:
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